

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/563858
APPLICANT/CO

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1				52					
3		1		1				53					
4		2		1				54					
5		2		1				55					
6		2		1				56					
7								57					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	1	↓		↓		TOTAL IND.		↓	↓	↓	
TOTAL DEP.		←	5	←		←		TOTAL DEP.		←	←	←	
TOTAL CLAIMS		6						TOTAL CLAIMS					

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